

## DEPARTMENT OF RADIOLOGY

## REPORT OF RADIOLOGY EXAMINATION

PATIENT NAME: SINGH, HARBIR  
N NO/MED NO: 1131344  
REG NO: 841181670  
PT CLASS: I

AGE/DOB: 41Y / 11/20/1961  
SEX: M  
ROOM/BED: C11E-114102  
HOSP SVC: NRS

## REPORT OF NEUROENDOVASCULAR SURGERY

REFERRING PHYSICIAN: ALAN HIRSCHFELD M.D.  
NURSES RESIDENCE  
, 10017

DR NO.: 014241  
ADM DATE: 05/10/2003

ORDER NO: 90007

DIAGNOSIS: SUBARACHNOID HEMORRHAGE  
PROCEDURE DATE: 05/12/2003 3:48PM  
ACCESSION NUMBER: 1160680  
PROCEDURE REASON: DIAGNOSTIC  
SURGEON: Bruce Zablow, M.D.



Procedure: BILATERAL INTERNAL CAROTID, BILATERAL VERTEBRAL  
INTRACRANIAL CEREBRAL ARTERIOGRAPHY.

History and Indication: 41-year-old male with acute subarachnoid hemorrhage, HH Grade III, FISHER Grade IV. Date of hemorrhage 5/10/03 at 11:00 am.

Anesthesia: General

Preprocedural Diagnosis: Subarachnoid hemorrhage, rule out aneurysm.

Postprocedural Diagnosis: Left internal carotid intracranial bifurcation aneurysm. The aneurysm measures 7.0 x 5.4 with a neck diameter of 4 mm. The aneurysm is bilobed projecting posteriorly with a fundal teat. There is dysplasia of the cervical left internal carotid artery, an appearance suggesting the probability of fibromuscular dysplasia. No other intracranial aneurysm are identified. No evidence of vasospasm seen at the time.

Procedure: The patient was brought to the biplane neurointerventional suite already intubated. The patient was placed under general anesthesia. Standard general neuroanesthesia monitoring was utilized throughout the procedure.

The right femoral area was prepped and draped in the usual fashion. A one wall micropuncture of the right common femoral artery was formed. A 0.018 inch guide wire was introduced into the abdominal aorta or which a fascial dilator was advanced in the fascial track enlarged to 6 French. A 6 French angiographic sheath was placed and advanced to the common iliac artery level. This was connected to a continuous infusion of Heparinized saline which was maintained throughout the procedure. This juncture of baseline ACT value was obtained.

Through the angiographic sheath a 5 French Femoral Cerebral Head Hunter Type I catheter was selectively introduced into the left internal carotid artery, right internal carotid artery, left vertebral artery and right vertebral

Patient: SINGH, HARBIR

F/U ANGIO THROUGH EXISTING CATH.

**SAINT VINCENTS CATHOLIC MEDICAL CENTERS OF NEW YORK - MANHATTAN**  
**DEPARTMENT OF RADIOLOGY**  
**REPORT OF RADIOLOGY EXAMINATION**

**PATIENT NAME:** SINGH, HARBIR  
**NO/MED NO:** 1131344  
**REG NO:** 841181670  
**PT CLASS:** I

**AGE/DOB:** 41Y / 11/20/1961  
**SEX:** M  
**ROOM/BED:** C11E-114102  
**HOSP SVC:** NRS

packing of the dome of the aneurysm and good coverage across the neck without impingement on the anterior middle cerebral arteries at the left internal carotid bifurcation. Following detachment of the first coil, the patient was fully heparinized with 5000 units of intravenous heparin. The patient's ACT was then monitored every 1/2 hour throughout the procedure and heparin administered accordingly to keep the patient's ACT values between 2-2 1/2 times normal. A series of three additional microcoils were placed down to a coil size of 2 mm x 2 cm at which point, no additional coils could be placed without impingement on the internal carotid bifurcation vessels. Microcatheter was then carefully removed under biplane digital subtraction fluoroscopy. Control arteriograms were then performed without the microcatheter in place. This demonstrated that there was greater than 95% packing of the aneurysm with excellent packing of the dome. There was no untoward downstream embolization of the anterior middle cerebral vessels. No evidence of dissection was seen in the internal artery in the neck. There was no evidence of vasospasm. The guiding catheter was then removed and the patient was taken while intubated and under anesthesia, for a CT scan prior to being taken to the Neurosurgical Intensive Care Unit for post procedural management.

**FINDINGS:** Films demonstrate the presence of a 7 mm x 5.4 mm left internal carotid bifurcation aneurysm with multiple lobes. There is a fundal tete projecting superiorly and posteriorly. The aneurysm has a 3.7 mm neck. The intraprocedural angiograms obtained during the placement of the coils demonstrate excellent packing of the dome of the aneurysm and good coverage across the neck and progressive packing of the aneurysm with the coils without impingement upon the internal carotid bifurcation itself. The final control angiograms demonstrate greater than 95% packing without impingement, downstream embolization or other untoward complication attendant to the endovascular surgery.

**PROCEDURE:** SPN 0108 - F/U ANGIO THROUGH EXISTING CATH.  
**PROCEDURE DATE:** 05/12/2003 3:48PM  
**ACCESSION NUMBER:** 1160697  
**PROCEDURE REASON:** SAME  
**SURGEON:**

**CPT CODE(S)** 75898

**ASSISTANT:**

**Procedure:** SEE ABOVE

ATS/CW/J#417811a

**PROCEDURE:** SPN 0108 - F/U ANGIO THROUGH EXISTING CATH.  
**PROCEDURE DATE:** 05/12/2003 3:48PM  
**ACCESSION NUMBER:** 1160698  
**PROCEDURE REASON:** SAME  
**SURGEON:**

**CPT CODE(S)** 75898

**ASSISTANT:**